

**PARALLEL HOME INSPECTION LOG**Applicant: \_\_\_\_\_  
Name Application #

Resident Name	Property Address	Date Inspected

**This Log lists 15 properties. Please attach additional copies as necessary.**

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**I swear or affirm under penalty of law that the parallel inspections listed on this log were conducted by the identified applicant and were reviewed by me. I certify that these inspections meet the requirements of R4-30-301.01**

Certifying Home Inspector \_\_\_\_\_  
Name (signed) Cert # Date Signed

Printed Name \_\_\_\_\_

Applicant Name \_\_\_\_\_

**TO BE COMPLETED BY CERTIFIED HOME INSPECTOR**

The Board will rely on your answers to the questions below in determining whether or not this applicant should be issued a certification to conduct home inspections in Arizona. Please recognize the importance of this information and give due care to your responses. Use additional pages if necessary.

Your Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Is this applicant related to you by blood or marriage? Yes ☐ No ☐

Give the last date you personally supervised and examined the applicant's work: Date \_\_\_\_\_

From your personal knowledge, your appraisal of the applicant would be:

Rating Factors	Excellent	Very Good	Adequate	Below Par	Poor	Don't Know
Quality of Work						
Technical Knowledge						
Professional Attitude						
Professional Judgement						
Character & Reputation						

REMARKS: \_\_\_\_\_

Do you believe the applicant is qualified for certification? Yes ☐ No ☐ Don't Know ☐

If you marked "No" or "Don't Know" please explain on a separate sheet.

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**I swear or affirm under penalty of law that the foregoing statements and supporting documentation are true and correct to the best of my knowledge. I understand that submitting a materially-false statement in connection with an application for certification is grounds for discipline against my certification.**

Signature \_\_\_\_\_

Date \_\_\_\_\_